
San Francisco Department of Public Health, Office of Health Equity
Health Equity Impact Assessment – Contracts

Name:

Date:

Email:

Department Section:

Name of Contract:

Is your section's Equity Lead aware of this contract?

Yes

No

Does this contract align with your section's Equity A3?

Yes

No

Step #1: Proposal

1. Briefly describe the contract and its intended health impacts on the target population and/or geographic area.
2. What is the funding amount?
3. How is this distributed between target groups (if known)?

Step #2: Data Review

4. What relevant racial health inequities are seen in local health data? Are there data gaps?
5. Will the contract have impacts in specific geographic areas or demographic groups?

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6. If geographic areas, what are the relevant demographics of those areas?

Step #3: Community Engagement

7. Who are the most affected community members who are concerned with or have experience related to this contracted service?

Our most affected community members are people who use drugs, who are unhoused, and who belong to BIPOC and non-cisgender communities. Individuals at the intersections of these marginalized identities are impacted by barriers within healthcare systems that most effectively serve housed, cisgendered, white people who do not use drugs.

8. What has your engagement told you about who will be burdened and who will benefit by the contracted service? Describe these groups in some detail.

Our engagement has told us we need to spend time and resources in culturally humble service to BIPOC communities to avoid perpetuating health inequities that exist within traditional public health systems. We aim to serve groups already overburdened by HCV and HIV infection prevalence relative to their proportion of the community in San Francisco. Through research and engagement we have learned that the stigma surrounding HIV infection in particular in the Black and Latino communities necessitates gentle and persistent relationship-building to engage these communities in testing and linkage services offered through this contract, rather than burden or alienate them through well-intentioned approaches informed by white-centered health system practices.

Step #4: Analysis & Strategy

9. Given what you have learned from research and stakeholder involvement, how will this contract increase or decrease racial equity?

Glide has specific expertise in working with Black/African Americans, and people who use drugs and experience homelessness. We focus on equity strategies to ensure their program success.

Step #5: Implementation

10. Describe your plan for implementation and how it will mitigate inequities or advance equity?

Prior to this contract's initiation, we conducted extensive mobile and street-based outreach to address health inequities for participants across San Francisco who could not access traditional systems of care for HIV and HCV. Alongside our partners we held several community-based testing events and health fairs to bring testing and linkage services into the community. The success of these initial efforts, particularly with respect to increased testing and linkage service uptake among Black/African American and Latinx community members in the Mission and in SOMA, drove us to seek funding for sustainable efforts. Our implementation has included ongoing assessment of our services through a racial equity lens to determine that we are addressing existing inequities in HIV and HCV burden through the mobile service modality.

Step #6: Accountability & Communication

11. How will you make sure your efforts to advance racial equity is working and sustainable for the long-haul? List any partnerships with community oversight and feedback.

We will continue to address services through a racial equity lens, modifying service design to meet community need for the populations we aim to serve. We will continue to engage in best practices research and training to ensure our staff and program administrators are equipped with the tools needed to provide culturally humble care for our communities. We intend to develop a community advisory board reflective of the communities we serve to hold us accountable to our commitments to advance racial equity through these services. Glide partners with SFAF, Street Medicine and SFDPH for priority setting, data monitoring, and support for OPT-IN.